



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

NUEVA VIDA BEHAVIORAL
HEALTH

Respondent Name

WC SOLUTIONS

MFDR Tracking Number

M4-15-0185-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

September 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please review the attached claim, which was denied per "Payment denied/reduced for absence of precertification/authorization.

The appropriate CPT Code for Health and Behavioral intervention is 96152, which is accepted under the Medical Fee Guidelines for Workers' Compensation Specific Services §134.204.

The psychological interventions are necessary to address non-compliance with the treatment plan, and/or the psychological, behavioral, emotional, cognitive, or social factors associated with a newly diagnosed medical condition or an exacerbation of an established medical condition when such factors affect symptom management and expression and health promoting behaviors. A Health and Behavioral Intervention (96152) is described as an individual face-to-face (4 units at 15 minutes each), session that does not require pre-authorization."

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Starr Comprehensive Solutions is responding to the Medical Dispute Resolution filed by Nueva Vida Behavioral Health and Associates.

Description of health care in dispute:

CPT Code 96152 – Health and behavior intervention, each 15 minutes, face-to-face; individual.

The CPT Code 96152 for the dates of service 04/07/2014 – 06/08/2014 were denied on reconsideration with the ANSI reduction code of 197 and with EOB comments of:

197 – Per Rule 134.600(p)(7), All psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program, requires preauthorization.

The documentation and correspondence submitted by the requestor supports claimant is being seen for psychological intervention and as such requires preauthorization in accordance with rule 134.600(p)(7)."

Response Submitted by: STARR COMPREHENSIVE SOLUTIONS, INC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 07, 2014; April 08, 2014 and June 08, 2014	CPT Code 96152	\$300.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the preauthorization requirements.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 197 – Payment denied/reduced for absence of precertification/authorization
 - 197 – Per Rule 134.600(p)(7), All psychological testing, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program, requires preauthorization
 - W3 – Additional reimbursement made on reconsideration
 - 193 – Original payment decision is being maintained. This claim was processed properly the first time

Issues

1. Did the requestor obtain preauthorization for disputed psychological testing?

Findings

1. 28 Texas Administrative Code §134.600(p) states in pertinent part “Non-emergency health care requiring preauthorization includes: (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program.”
 - Review of 1500 form submitted by the requestor finds CPT Code 96152 billed in the amount of \$120.00 for date of service April 07, 2014, April 08, 2014 and June 08, 2014 with preauthorization authorization number ECA0014964 provided on bill.
 - Review of the submitted documentation provided does not find preauthorization letter for disputed service April 07, 2014, April 08, 2014 and June 08, 2014.
 - Disputed service for psychological testing (CPT Code 96152) requires preauthorization in accordance with 28 Texas Administrative Code §134.600.
 - Carrier denied services with denial code 197 – payment denied/reduced for absence of precertification/authorization and 197 – Per Rule 134.600(p)(7), All psychological testing, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program, requires preauthorization.

Therefore, the Division finds disputed service CPT Code 96152 for date of service April 07, 2014, April 08, 2014 and June 08, 2014 no reimbursement allowed in accordance with 28 Texas Administrative §134.600.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

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Signature	Medical Fee Dispute Resolution Officer	Date

4/30/15

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.